

Attachment H6. Women’s Health Needs Study Questionnaire (Tigrinya Translations)

Section	Question	English Items	Tigrinya Translation
Full Questionnaire			
SECTION B. BACKGROUND CHARACTERISTICS			ግጥም B፣ ግጥም ስለግንባር ግጥም
	Intro	Interview Start Time Hour Minute	ግጥም ስለግንባር ግጥም ግጥም ግጥም ግጥም
	Intro	Now we can begin. I am going to start by asking you some basic questions about your background. Your answers will not be shared with anyone outside of the research team.	ግጥም ስለግንባር ግጥም
	Q1	What language do you speak most often at home?	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም
	Q2	What language(s) do you speak most often with your closest friends? [INTERVIEWER NOTE: Allow for two languages to be given]	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም (ግጥም) ግጥም ግጥም (ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም)
	Q3	In what country does your mother live now?	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም
		<ul style="list-style-type: none"> • Mother passed away [GO TO Q5] • Don't Know [GO TO Q5] • Prefer not to answer [GO TO Q5] 	<ul style="list-style-type: none"> • ግጥም ግጥም ግጥም (ግጥም ግጥም 5 ግጥም) • ግጥም ግጥም ግጥም (ግጥም ግጥም 5 ግጥም) • ግጥም ግጥም ግጥም (ግጥም ግጥም 5 ግጥም)
	Q4	How often do you speak with your mother?	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም
		<ul style="list-style-type: none"> • Daily • 2-3 times a week • Once a week • Once/twice a month • Less than once a month • Never • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • ግጥም ግጥም • 2-3 ግጥም ግጥም ግጥም • ግጥም ግጥም ግጥም • ግጥም/ግጥም ግጥም ግጥም ግጥም • ግጥም ግጥም ግጥም ግጥም • ግጥም ግጥም • ግጥም ግጥም ግጥም • ግጥም ግጥም ግጥም
	Q5	How many times have you traveled to each of the following countries? [ENTER 0 IF RESPONDENT HAS NEVER TRAVELED TO COUNTRY]	ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም (ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም ግጥም 0 ግጥም)

		<ul style="list-style-type: none"> • Burkina Faso • Egypt • Eritrea • Ethiopia • Gambia • Guinea • Mali • Mauritania • Sierra Leone • Somalia • Sudan 	<ul style="list-style-type: none"> • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED]
	Q6	How long ago did you move to the United States? [INTERVIEWER NOTE: Select best option based on answer for the most recent time]	[REDACTED]
		<ul style="list-style-type: none"> • Within the last year • 1-5 years ago • 6-10 years ago • Over 10 years ago • Born in the U.S. [GO TO SECTION C] • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • [REDACTED] • [REDACTED] 1-5 [REDACTED] • [REDACTED] 6-10 [REDACTED] • [REDACTED] [REDACTED] 10 [REDACTED] • [REDACTED] [REDACTED] [REDACTED] [REDACTED] • [REDACTED] [REDACTED] C [REDACTED] • [REDACTED] • [REDACTED]
	Q7	How old were you when you moved to the United States?	[REDACTED]
		<ul style="list-style-type: none"> • 0-6 years old • 7-12 years old • 13-17 years old • 18 years or older • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • 0-6 [REDACTED] • 7-12 [REDACTED] • 13-17 [REDACTED] • 18 [REDACTED] [REDACTED] • [REDACTED] • [REDACTED]
SECTION C. MARRIAGE AND HOUSEHOLD			[REDACTED]
Intro		Next, I am going to ask you questions about your marital status and living arrangements.	[REDACTED]
	Q8	Including yourself, how many people live in your household now? Please count children and elders. Do NOT count people staying in the home for less than one month.	[REDACTED]
		<ul style="list-style-type: none"> • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • [REDACTED] • [REDACTED]

	Q9	Which of the following describes your current marital status? Are you married, living with a partner, widowed, divorced, separated, or have you never been married?	<p>□□□□ □□□□ □□□□ □□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□□□ □□ □□□□ □□□□□□ □□□□ □□ □□□□□□ □□□□□□ (□□□□)□ □□□□□□□□/□□ □□ □□□□□□□□ □□□□□□□□ □□□□</p>
		<ul style="list-style-type: none"> • Married • Widowed • Divorced • Separated • Not married, but living with a partner • Never married/lived with partner [GO TO Q14] • Prefer not to answer [GO TO Q14] 	<ul style="list-style-type: none"> • □□□□□□ • □□□□□□ □□□□ • □□□□□□ • □□□□□□□□ • □□□□□□□□□□ □□ □□ □□□□□□ □□□□□□ (□□□□ □□ 14 □□□□) • □□□□□□□□ □□□□□□□□ (□□□□ □□ 14 □□□□) • □□□□□□□□ □□□□□□□□ (□□□□ □□ 14 □□□□)
	Q10	How old were you when you first got married or started living with a partner?	<p>□□□□□□ □□ □□□□□□□□□□ □□ □□□□□□ □□□□□□ □□□□□□</p>
		<ul style="list-style-type: none"> • Under 18 years • 18-24 years • 25-29 years • 30-39 years • 40-49 years • Over 49 years • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□□□ 18 □□□□□□ • 18-24 □□□□□□ • 25-29 □□□□□□ • 30-39 □□□□□□ • 40-49 □□□□□□ • □□□□ 49 □□□□□□ • □□□□□□□□□□ • □□□□□□□□ □□□□□□
	Q11	How old was your husband/partner when you first got married or started living together?	<p>□□□□□□ □□ □□□□□□□□□□ □□□□□□□□/□□□□□□□□□□ □□□□□□ □□□□□□ □□□□□□</p>
		<ul style="list-style-type: none"> • Under 18 years • 18-24 years • 25-29 years • 30-39 years • 40-49 years • Over 49 years • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□□□ 18 □□□□□□ • 18-24 □□□□□□ • 25-29 □□□□□□ • 30-39 □□□□□□ • 40-49 □□□□□□ • □□□□ 49 □□□□□□ • □□□□□□□□□□ • □□□□□□□□ □□□□□□
	Q12	In what country did your first marriage/partnership take place?	<p>□□ □□□□□□ □□□□□□ □□□□□□ □□□□ □□□□□□</p>
	Q13	In what country was your husband/partner born?	<p>□□□□□□□□/□□□□□□□□ □□□□□□ □□□□ □□□□□□</p>
SECTION D. COMMUNITY ACTIVITIES			
Intro		I am now going to ask you some	<p>□□ □□□□ □□□□□□□□ □□ □□□□ □□□□□□ □□ □□ □□□□ □□□□</p>

		questions about your participation in community activities such as neighborhood organizations or groups.	<p>□□□□ □□ □□□□□ □□□□□ □□</p> <p>□□□□ □□□□ □□□□</p>
	Q14	Are you a member of any club, association, or religious organization for people from your family's home country or ethnic/cultural background?	<p>□□□□ □□ □□□□ □□□□□ □□</p> <p>□□□□□□ □□□□ □□ □□ □□□□□□</p> <p>□□□□□ □□□ □□ □□□□□/ □□□□□</p> <p>□□□□□□□ □□□□ □□□□ □□□□</p>
		<ul style="list-style-type: none"> • Yes • No • Not sure • Prefer not to answer 	<ul style="list-style-type: none"> • □□ • □□□□ • □□□□□ □□□□□□□ • □□□□□□ □□□□□
	Q15	When you invite people to your home, are they...	<p>□□□□ □□ □□□□ □□ □□□□□ □□□□</p> <p>□□□□ ...</p>
		<ul style="list-style-type: none"> • Mostly people <u>from</u> my home country or ethnic/cultural background • Mostly people <u>NOT from</u> my home country or ethnic/cultural background • A mix of people <u>from AND not from</u> my home country or ethnic/cultural background • I never invite people to my home • Prefer not to answer 	<ul style="list-style-type: none"> • □□□□□□□□ □□ □□□□ □□□□□ □□ □□ □□□□□/□□□□□ □□□□□□□□ □□□□ □□□□ • □□□□□□□□ □□ □□□□ □□□□□ □□ □□ □□□□□/□□□□□ □□□□□□□□ □□□□□ □□□□□ • □□ □□□ □□□□ □□□ □□□□□□□ □□ □□ □□□□□/□□□□□ □□□□□□□□ □□□□□ □□□□□ □□□□ • □□ □□□ □□□□□ □□□ □□□□□□□ □□ • □□□□□□ □□□□□
	Q16	Have you done any work outside of the home for pay in the past 30 days?	<p>□□□□□ □□□□□ 30 □□□□□□ □□ □□</p> <p>□□□□ □□□ □□□□□□ □□□□ □□□□□-</p> <p>□□□□□□□</p>
		<ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□ • □□□□ • □□□□□□□□□ • □□□□□□ □□□□□
SECTION E. HEALTH-SEEKING BEHAVIOR AND PROVIDER EXPERIENCE			
		Now I am going to ask you some questions about your overall health and experiences with health care, services, and providers.	<p>□□ □□ □□□□ □□□□ □□□□□</p> <p>□□□□ □□□ □□ □□□□□□□□ □□</p> <p>□□□□□ □□□□ □□□□□□□□□□ □</p> <p>□□□□□ □□□□□ □□□□□ □□□□□ □□□□</p>
	Q17	In general, how would you describe your health? Is it excellent, very good, good, fair, or poor?	<p>□□□□□□ □□□□□□ □□□□□</p> <p>□□□□□□□□ □□□□□ □□□□ □□□□□</p> <p>□□□□□ □□ □□□□ □□□□</p>

		<ul style="list-style-type: none"> • Excellent • Very good • Good • Fair • Poor • Not sure • Prefer not to answer 	<ul style="list-style-type: none"> • 很好 • 非常良好 • 良好 • 一般 • 差 • 不清楚 • 不想回答
	Q18	How many times have you gone to a clinic or hospital for health care for yourself in the past 12 months?	<p>過去 12 個月內，您曾去診所或醫院尋求醫療保健服務多少次？</p>
		<ul style="list-style-type: none"> • Not at all • Once • Twice • 3-5 times • More than 5 times • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • 一次也沒有 • 一次 • 兩次 • 3-5 次 • 超過 5 次 • 不清楚 • 不想回答
	Q19	When visiting your healthcare provider, would you like to have someone present to interpret?	<p>當您去看醫生時，您是否希望有人陪同翻譯？</p>
		<ul style="list-style-type: none"> • Yes • No [GO TO Q22] • Do not have a healthcare provider [GO TO Q22] • Don't Know [GO TO Q22] • Prefer not to answer [GO TO Q22] 	<ul style="list-style-type: none"> • 是 • 否 [GO TO Q22] • 沒有醫療保健服務提供者 [GO TO Q22] • 不清楚 [GO TO Q22] • 不想回答 [GO TO Q22]
	Q20	During your last visit, was an interpreter offered to you?	<p>在您的最近一次診視中，是否有人向您提供翻譯服務？</p>
		<ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • 是 • 否 • 不清楚 • 不想回答
	Q21	Who usually serves as an interpreter for you?	<p>通常由誰為您提供翻譯服務？</p>
		<ul style="list-style-type: none"> • My health provider • Professional interpreter • A staff person • A female friend or relative • My husband/partner, or other male relative • Other, please specify: • Prefer not to answer 	<ul style="list-style-type: none"> • 我的醫療服務提供者 • 專業翻譯人員 • 工作人員 • 女性朋友或親屬 • 我的丈夫/伴侶，或其他男性親屬 • 其他，請指定： • 不想回答
	Q22	Are you currently covered by any of the following types of health	<p>您目前是否受以下任何類型的醫療保健服務覆蓋？</p>

		Female sterilization (tubes tied)	□□□□ □□□□□□ (□□□□ □□□□)
		Male sterilization	□□□□ □□□□□□
		Contraceptive implant (Nexplanon, Jadelle, Sino, Implant, Implanon)	□□□□ □□□□□ □□□□ (□□□□□□□□ □□□□ □□□□ □□□□□□□ □□□□□□□)
		IUD (for example, Paragard, Mirena, Skyla, Liletta)	IUD (□□□□□□ □□□□□□ □□□□□ □□□□□□ □□□□)
		Shots/Injections (for example, Depo-Provera)	□□□□□/□□□□□□ (□□□□□□□ □□- □□□□□)
		Birth control pills (daily pills, any kind)	□□□□□□ □□□□ □□□□□□ (□□□□□□□ □□□□□□□□ □□□□ □□□□□)
		Contraceptive patch (Ortho Evra, Xulane)	□□□□□ □□□□□□ □□□□ (□□□□ □□□□□ □□□□□)
		Contraceptive ring (NuvaRing)	□□□□□□ □□□□ □□□□□ (□□□□□□□)
		Male condoms	□□ □□□□□□□□ □□□□□
		Diaphragm	□□□□□□
		Female condoms	□□ □□□□□□□□ □□□□□
		Foam, jelly, or cream	□□□□□□ □□□□□□ □□ □□□□
		Emergency contraception (morning after pill)	□□ □□□ □□□ □□□□□□ □□□□ (□□□ □□□□ □□ □□□□ □□□□)
		Not having sex at certain times (rhythm or natural family planning)	□□ □□□□ □□□□□ □□□□ □□□□ □□□□□□□ (□□□□ □□ □□□□□□ □□□□ □□□□□□)
		Withdrawal (pulling out)	□□□□□ (□□□□□□ □□□□□)
		Other, please specify:	□□□□□ □□□□□□□□ □□□□□
	Q26	In the past 12 months, have you had trouble getting the contraceptives or birth control methods you wanted?	□□□□□ □□□□□ 12 □□□□□□□ □□□ □□□□□□ □□□□□□ □□□□ □□ □□□□□ □□□□□□ □□□ □□□□□□ □□□□□□□ □□□□□□□□
		<ul style="list-style-type: none"> • Yes • No • I did not need a birth control method • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□□ • □□□□□ • □□□□□ □□□□□□ □□□□ □□□□□□□ • □□□□□□□□□'□ • □□□□□□□ □□□□□
	Q27	When was your last pelvic exam and/or pap smear?	□□ □□□□□□□ □□ □□□□□□□ □□□□□ □□□□□ □□□□ □□□/□□□ □□□ □□□□ (□□□□□ □□□□□ □□□) □□□□ □□□□□
		<ul style="list-style-type: none"> • Within past year • 2-3 years ago • 3 to 5 years ago • More than 5 years ago • Never • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□ □□□ □□□ □□□□□ □□□□ • □□□□ 2-3 □□□□□ • □□□□ 3 □□□□ 5 □□□□□ • □□□□ □□□□ 5 □□□□□ • □□□□□ • □□□□□□□□□'□ • □□□□□□□ □□□□□
	Q28	How old were you when you had sexual intercourse for the first	□□□□□□□ □□ □□□□ □□□□ □□□□ □□□□□□□ □□ □□□□□ □□□□□ □□□□□

		time? [READ IF NECESSARY: Do not count oral sex, anal sex, heavy petting, or other forms of sexual activity that do not involve vaginal penetration. Do not count sex with a female partner].	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
		<ul style="list-style-type: none"> • Under 18 years • 18-24 • 25-29 years • 30-39 years • 40-49 years • Over 49 years • Never had sexual intercourse [GO TO Q37] • Prefer not to answer 	<ul style="list-style-type: none"> • 18-24 • 25-29 • 30-39 • 40-49 • 49 • [REPLACE WITH TRANSLATION OF ABOVE LIST] • [REPLACE WITH TRANSLATION OF ABOVE LIST]
SECTION G. WOMEN'S HEALTH AND PREGNANCY OUTCOMES			
	Intro	To finish up our questions about health and health care, we have a few questions for you about pregnancy and prenatal care. Prenatal care is when you get checkups from a doctor, nurse, or midwife while you are pregnant.	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
	Q29	Are you pregnant now?	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
		<ul style="list-style-type: none"> • Yes • No [GO TO Q31] • Don't Know [GO TO Q31] • Prefer not to answer [GO TO Q31] 	<ul style="list-style-type: none"> • [REPLACE WITH TRANSLATION OF ABOVE LIST] • [REPLACE WITH TRANSLATION OF ABOVE LIST] • [REPLACE WITH TRANSLATION OF ABOVE LIST] • [REPLACE WITH TRANSLATION OF ABOVE LIST]
	Q30	Have you had prenatal care for this pregnancy?	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
		<ul style="list-style-type: none"> • Yes • No • Prefer not to answer 	<ul style="list-style-type: none"> • [REPLACE WITH TRANSLATION OF ABOVE LIST] • [REPLACE WITH TRANSLATION OF ABOVE LIST] • [REPLACE WITH TRANSLATION OF ABOVE LIST]
		Now we have some questions about your children.	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
	Q31	How many children have you given birth to that were born alive?	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
		Now I will ask a few questions about each child you had beginning with the oldest one.	[REPLACE WITH TRANSLATION OF ABOVE TEXT]
		Child	[REPLACE WITH TRANSLATION OF ABOVE TEXT]

		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
	Q32	In what month and year was this child born?	□□ □□□□ □□□□ □□□□ □□□□□
		Month: Year: Prefer not to answer	□□□ □□□ □□□□□ □□□□
	Q33	Is this child still alive?	□□ □□□□ □□ □□□□□□ □□□
		Yes No Prefer not to answer	□□ □□□□ □□□□□ □□□□
	Q34	Was this child born in the U.S.?	□□ □□□□ □□ □□□□ □□□□□□ □□□□ □□ □□□□□□
		Yes No Prefer not to answer	□□ □□□□ □□□□□ □□□□
	Q35	How many weeks (or months) pregnant were you at the time of your first prenatal care visit?	□□□ □□□□□□ □□ □□□ □□□- □□□ □□□□ □□□□ □□□□□□ □□□ □□□□□□ □□□□ (□□ □□□□) □□□□ □□□□□□
		Weeks Months No Prenatal Care Don't Know Prefer not to answer	□□□□ □□□□ □□ □□□-□□□□ □□□□ □□□ □□□□□□□□□ □□□□□□ □□□□
	Q36	Was this baby delivered by caesarean section (c-section)?	□□ □□□□ □□□□□□ (c-section) □□ □□□□□
		Yes No Prefer not to answer	□□ □□□□ □□□□□ □□□□
	SECTION H. FGM/C		□□□ H□ FGM/C (□□□□□ □□□□□ □□□□□□□□)
Intro		In a number of countries, there is a practice called circumcision in	□□ □□□□ □□□□□ □□□□□ □□□□ □□□□ □□ □□□ □□□ □□ □□

		which a girl or young woman may have part of her genitals cut. Now I would like to ask you some questions about your knowledge and experiences with female circumcision.	<p>□□□□□ □□□ □□ □□□□ □□□□</p> <p>□□□□□ □□ □□□□ □□□□□□</p> <p>□□□□□□□□ □□□ □□□□□□□□</p> <p>□□□□□□□□□ □□□□ □□□□□□</p>
	Q37	Do you come from a family that has practiced the tradition of female circumcision?	<p>□□ □□ □□□□□ □□□□□□□□ □□□□</p> <p>□□ □□□□□ □□□□□ □□ □□□□□</p>
		<ul style="list-style-type: none"> • Yes • No • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□ • □□□□□ • □□□□□□□'□ • □□□□□□ □□□□□
	Q38	Does your husband/partner come from a family that has practiced the tradition of female circumcision?	<p>□□□□□□/□□□□□□ □□□□□ □□□□</p> <p>□□□□□ □□□□□□□□ □□ □□□□□□□□</p> <p>□□□□□□ □□ □□□□□</p>
		<ul style="list-style-type: none"> • Yes • No • Do not have husband/partner • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□ • □□□□□ • □□□□ □□/□□□□□ □□□□□□□□ • □□□□□□□'□ • □□□□□□ □□□□□
	Q39	Have you ever been circumcised?	<p>□□□□□□□ □□□□□'□□</p>
		<ul style="list-style-type: none"> • Yes • No [GO TO Q50] • Don't Know [GO TO Q50] • Prefer not to answer [GO TO Q50] 	<ul style="list-style-type: none"> • □□ • □□□□□ (□□ □□ 50 □□) • □□□□□□□'□ (□□ □□ 50 □□) • □□□□□□ □□□□□ (□□ □□ 50 □□)
	Q40	How old were you when first circumcised?	<p>□□□□□□ □□ □□□□□□□□□□ □□□□ □□□□</p> <p>□□□□ □□□□ □□□□□□</p>
		<ul style="list-style-type: none"> • Less than 1 year old • 1-4 years old • 5-9 years old • 10-14 years old • 15-19 years old • More than 19 years old • Too young to remember • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□□□ 1 □□□□ □□□□ • 1-4 □□□□□ □□□□ • 5-9 □□□□□ □□□□ • 10-14 □□□□□ □□□□ • 15-19 □□□□□ □□□□ • □□□□ 19 □□□□□ □□□□ • □□□□ □□□□□ □□□□□□□□ □□□□□□□□ • □□□□□□□□'□ • □□□□□□□ □□□□□
	Q41	Now I would like to ask you some more questions about your circumcision. Was any flesh removed from the genital area?	<p>□□ □□ □□□□□ □□□□□ □□□□□</p> <p>□□□□□□ □□□□□ □□□□□□ □□□□ □□</p> <p>□□□□□ □□□□ □□□□ □□ □□□□□ □□□□</p>
		<ul style="list-style-type: none"> • Yes [GO TO Q43] • No • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□ (□□ □□ 43 □□) • □□□□□ • □□□□□□□'□ • □□□□□□ □□□□□
	Q42	Was the genital area nicked without removing any flesh?	<p>□□□□ □□ □□□□□ □□□□ □□ □□□□</p> <p>□□□□□ □□□□□ □□□□ □□□□</p>

		<ul style="list-style-type: none"> • No • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
	Q48	Have you ever talked with a health care provider about your circumcision?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • Yes • No [GO TO Q50] • Don't Know [GO TO Q50] • Prefer not to answer [GO TO Q50] 	<ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/>) • <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/>) • <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> 50 <input type="checkbox"/>)
	Q49	Who started the conversation about your circumcision, you or the health care provider?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
		<ul style="list-style-type: none"> • You • The health care provider • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
		Have you ever experienced any of these health issues or conditions?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
		Is this an ongoing problem?	<p><input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
		Did you seek professional health care for this?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
		Were you satisfied with how the problem was addressed?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> • <input type="checkbox"/>
	Q50	Have you ever had. . .?	<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>...</p>
		a. Difficulty passing menstrual blood	<input type="checkbox"/> <input type="checkbox"/>
		b. Difficulty passing urine	<input type="checkbox"/> <input type="checkbox"/>
		c. Pain with urination	<input type="checkbox"/> <input type="checkbox"/>
		d. Recurrent Urinary Tract Infections	<input type="checkbox"/> <input type="checkbox"/>
	Q51	Have you ever. . .?	<input type="checkbox"/> <input type="checkbox"/>
		a. Felt sad for many weeks at a time	<input type="checkbox"/> <input type="checkbox"/>
	Q52	Have you ever had. . .?	<input type="checkbox"/> <input type="checkbox"/>
		a. Pain with sex	<input type="checkbox"/> <input type="checkbox"/>

	b.	Bleeding with sex	□□□□□ □□ □□□ □□□
Q53		Have you ever had. . .?	□□ □□□ □□□□ □□□ □□□□ □□...□
	a.	Emergency C-section	□□ □□□ □□□ □□□□□
	b.	Postpartum hemorrhage	□□ □□□-□□□ □□□□□
	c.	Extensive vaginal tears from childbirth	□□□ □□□□ □□□□□ □□ □□□ □□□□
SECTION I. FGC BELIEFS			
		I am now going to ask you some questions about your beliefs and opinions about female circumcision.	□□ □□□ □□□□□ □□□□□ □□□□□ □□□□□□□□□ □□□□□□□□ □□□□ □□□□□□ □□□□□□□ □□ □□□□ □□□□ □□□
Q54		Which of the following best describes your views about female circumcision? Would you say...	□□□□ □□□□ □□□□□□□□□□ □□□□ □□□□□ □□□□□□□□ □□□□□ □□□□ □□□□ □□□ □□□ □□□□'□ □□□□...
		<ul style="list-style-type: none"> • It should be stopped • It should continue as is • Depends on the family • I have mixed feelings about it • Other, please specify: • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□ □□□□□ □□□□ □□□□ • □□□□□ □□□□ □□□□ • □□□□ □□□□□'□ □□□□□ • □□□□□ □□□□□□ □□□□□ □□□□ • □□□□□ □□□□□□ □□□□□□ • □□□□□□□'□ • □□□□□□ □□□□□
Q55		Has your opinion about female circumcision changed in any way since you moved to the U.S.?	□□ □□□□ □□□□□□ □□□□ □□ □□□□ □□□□ □□□□□ □□□□ □□□□□ □□□□□□□ □□□□ □□□□ □□□□□'□□
		<ul style="list-style-type: none"> • Yes • No [GO TO 57] • Not applicable, born in the U.S. [GO TO 57] • Not applicable, did not have opinion before moving to U.S. [GO TO 57] • Don't Know [GO TO 57] • Prefer not to answer [GO TO 57] 	<ul style="list-style-type: none"> • □□ • □□□□ □□□ □□ □□ 57 □□ • □□□□□□ □□□□□ □□ □□□□□ □□□□□□ □□□□ □□□□□□ □□□□ □□ □□ 57 □□ • □□□□□□ □□□□□ □□ □□□□□ □□□□□□ □□□□ □□□ □□□□□ □□□□ □□□□□□ □□□ □□ 57 □□ • □□□□□□□'□ □□□ □□ 57 □□ • □□□□□□ □□□□ □□□ □□□ □□ 57 □□
Q56		How has your opinion changed? Would you say your opinion is...	□□□□□ □□□□ □□□□ □□□□ □□□□□ □□□ □□□□ □□□□'□ □□□□...
		<ul style="list-style-type: none"> • More accepting of female circumcision • Less accepting of female circumcision • Don't Know • Prefer not to answer 	<ul style="list-style-type: none"> • □□□□□□□ □□□□□□□ □□□□□ □□□□ • □□□□□□□ □□□□□□□ □□ □□□□□ □□□□ • □□□□□□□'□ • □□□□□□ □□□□□
Q57		Do you believe that female circumcision is required by your	□□□□□ □□□□□□□ □□□□□□□□ □□□□ □□ □□□ □□□□'□□

		<ul style="list-style-type: none"> • Yes • No [END OF SURVEY] • Prefer not to answer 	<ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> (<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Q62	Are you attending school now?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<ul style="list-style-type: none"> • Yes • No • Prefer not to answer 	<ul style="list-style-type: none"> • <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> • <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	N/A	Interview End Time Hour Minute	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>